RECEIVED CENTRAL FAX CENTER

AUG 2 2 2005

ur P	ATENT AP	k Reduction Act of D	993, no reuson FEE DET	s are required to reso ERMINATIO	U. S. Pascat cod to a collection N RECORD	and Trade of inform	mark Or ation ur Appli			MENT OF CO lid OMB cont Number 0,295	OMMERCE of number	
CLAIMS AS PILED - PART I (Column 2)							SMALL ENTITY OR SMALL ENTITY					
OR NUMBER FILED			NUMBER EXTRA		RA'	LE	PEE	[RATE	FRE		
BASIC FRE							\$	OR		s 750		
(37 CFR 1.16(0)) TOTAL CLAIMS		43	13 minus 20		- * O				OR	× S=	0	
(37 CFR 1.18(e)) INDEPENDENT CLAIMS			mimus		0	x \$			OR.	×=	0	
MULTIPLE DEPENDENT CLAIM PRESENT				FR 1.16(d))	0	<u> </u>			OR	1	0	
MOLIF CE DEL BANCO						TO	FAT	0	OR	TOTAL	750	
: If the difference in column 1 is less then zero, enter "0" in column 2							ia [1	OTHER TH	(AN	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						LL EN	TTTY	OR	SMALL BY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PRÉVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	addi- Tional Fee		RATE	ADDI- TIONAL FEE	
	Total	* 4	Minus	** 20	- 0	x S_	_=		OR	* 2=	0	
VEN	G7 CFR 1.16(a)) Independent (37 CFR 1.16(b))	• 1	Minus	*** 3	= 0	x_	_=		OR OR	×=	0	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CTR 1.18(0)] [=		OR	+=	0	
	(Column 1) (Column 2) (Column 3)					TO ADDIT.	TAL FEB	0	OR,	TOTAL DDIT. FEE	0_	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R.	ATE _	ADDI- TIONAL FRE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	x s_			OR OR	x \$=		
XEN	Independent (37 CFR 1.16(b))	*	Minus	***	=] <u>×</u> _	=		OR OR	×		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CPA L] <u> </u>			OR	<u> </u>		
	(Cohumu 1) (Cohumu 2) (Cohumu 3)						TOTAL T. FEE	Ö	OR	TOTAL ADDIT. FEE	0	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÈ	
	Total (37 CPR 1.16(a))		Minus	4+	F	× \$.			OR	× \$	<u> </u>	
	Independent 07 CFR 1.15(b))	+	Minus	***	=		<u>"</u>	·	OF	` _v =	ļ	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 GF1 1.16(5))] <u> </u>	=		QF	` <u>+</u> -			
\vdash	-1	umn 1 is less than th					TOTAL		O	ADDIT. FEB		

Line Engress rounder Previously Paid Por" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Susement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office. U.S. Puratt and Trademark Office. Washington, DC 20231. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.